

BEST AVAILABLE COPY

claims
1-244
are cancelled

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 18 978,637 | | FILING DATE | | | |
|--|------|------------------------|------|------------------------|------|--------------------------|------|-------------|------|------|------|
| 4-28-01 | | | | | | CLAIMS | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 251 | | | | | | 251 | | | | | |
| 252 | | | | | | 252 | | | | | |
| 253 | | | | | | 253 | | | | | |
| 254 | | | | | | 254 | | | | | |
| 255 | | | | | | 255 | | | | | |
| 256 | | | | | | 256 | | | | | |
| 257 | | | | | | 257 | | | | | |
| 258 | | | | | | 258 | | | | | |
| 259 | | | | | | 259 | | | | | |
| 260 | | | | | | 260 | | | | | |
| 261 | | | | | | 261 | | | | | |
| 262 | | | | | | 262 | | | | | |
| 263 | | | | | | 263 | | | | | |
| 264 | | | | | | 264 | | | | | |
| 265 | | | | | | 265 | | | | | |
| 266 | | | | | | 266 | | | | | |
| 267 | | | | | | 267 | | | | | |
| 268 | | | | | | 268 | | | | | |
| 269 | | | | | | 269 | | | | | |
| 270 | | | | | | 270 | | | | | |
| 271 | | | | | | 271 | | | | | |
| 272 | | | | | | 272 | | | | | |
| 273 | | | | | | 273 | | | | | |
| 274 | | | | | | 274 | | | | | |
| 275 | | | | | | 275 | | | | | |
| 276 | | | | | | 276 | | | | | |
| 277 | | | | | | 277 | | | | | |
| 278 | | | | | | 278 | | | | | |
| 279 | | | | | | 279 | | | | | |
| 280 | | | | | | 280 | | | | | |
| 281 | | | | | | 281 | | | | | |
| 282 | | | | | | 282 | | | | | |
| 283 | | | | | | 283 | | | | | |
| 284 | | | | | | 284 | | | | | |
| 285 | | | | | | 285 | | | | | |
| 286 | | | | | | 286 | | | | | |
| 287 | | | | | | 287 | | | | | |
| 288 | | | | | | 288 | | | | | |
| 289 | | | | | | 289 | | | | | |
| 290 | | | | | | 290 | | | | | |
| 291 | | | | | | 291 | | | | | |
| 292 | | | | | | 292 | | | | | |
| 293 | | | | | | 293 | | | | | |
| 294 | | | | | | 294 | | | | | |
| 295 | | | | | | 295 | | | | | |
| 296 | | | | | | 296 | | | | | |
| 297 | | | | | | 297 | | | | | |
| 298 | | | | | | 298 | | | | | |
| 299 | | | | | | 299 | | | | | |
| 300 | | | | | | 300 | | | | | |
| TOTAL IND. | 1 | | | | | TOTAL IND. | 2 | | | | |
| TOTAL DEP. | 3 | | | | | TOTAL DEP. | 21 | | | | |
| TOTAL CLAIMS | 4 | | | | | TOTAL CLAIMS | 23 | | | | |

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 038/9'18, 637 | | FILING DATE | | |
|--|------|------------------------|------|------------------------|------|--------------|-----------------------------|------|-------------|------|------|
| | | | | | | | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 303 | | | | | | 351 | | | | | |
| 304 | | | | | | 352 | | | | | |
| 305 | | | | | | 353 | | | | | |
| 306 | | | | | | 354 | | | | | |
| 307 | | | | | | 355 | | | | | |
| 308 | | | | | | 356 | | | | | |
| 309 | | | | | | 357 | | | | | |
| 310 | | | | | | 358 | | | | | |
| 311 | | | | | | 359 | | | | | |
| 312 | | | | | | 360 | | | | | |
| 313 | | | | | | 361 | | | | | |
| 314 | | | | | | 362 | | | | | |
| 315 | | | | | | 363 | | | | | |
| 316 | | | | | | 364 | | | | | |
| 317 | | | | | | 365 | | | | | |
| 318 | | | | | | 366 | | | | | |
| 319 | | | | | | 367 | | | | | |
| 320 | | | | | | 368 | | | | | |
| 321 | | | | | | 369 | | | | | |
| 322 | | | | | | 370 | | | | | |
| 323 | | | | | | 371 | | | | | |
| 324 | | | | | | 372 | | | | | |
| 325 | | | | | | 373 | | | | | |
| 326 | | | | | | 374 | | | | | |
| 327 | | | | | | 375 | | | | | |
| 328 | | | | | | 376 | | | | | |
| 329 | | | | | | 377 | | | | | |
| 330 | | | | | | 378 | | | | | |
| 331 | | | | | | 379 | | | | | |
| 332 | | | | | | 380 | | | | | |
| 333 | | | | | | 381 | | | | | |
| 334 | | | | | | 382 | | | | | |
| 335 | | | | | | 383 | | | | | |
| 336 | | | | | | 384 | | | | | |
| 337 | | | | | | 385 | | | | | |
| 338 | | | | | | 386 | | | | | |
| 339 | | | | | | 387 | | | | | |
| 340 | | | | | | 388 | | | | | |
| 341 | | | | | | 389 | | | | | |
| 342 | | | | | | 390 | | | | | |
| 343 | | | | | | 391 | | | | | |
| 344 | | | | | | 392 | | | | | |
| 345 | | | | | | 393 | | | | | |
| 346 | | | | | | 394 | | | | | |
| 347 | | | | | | 395 | | | | | |
| 348 | | | | | | 396 | | | | | |
| 349 | | | | | | 397 | | | | | |
| 350 | | | | | | 398 | | | | | |
| | | | | | | 399 | | | | | |
| | | | | | | 400 | | | | | |
| TOTAL IND. | 0 | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | 18 | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 18 | | | | | TOTAL CLAIMS | | | | | |